

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 7-24-03.

I. DISPUTE

Whether there should be reimbursement for CPT codes E0871, E0236, E1399, E0745 and 64550.

II. FINDINGS

The respondent denied reimbursement based upon “F – Equipment, supplies, or nonpharmacy meds need copy of prescription and medical necessity to be considered.”

III. RATIONALE

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
11-13-02	E0871	\$485.00	\$00.00	F	DOP	General Instructions GR III Durable Medical Equipment GR (VIII)(IX)	Ambulatory Infusion Pump - Requestor submitted prescription, letter of medical necessity, description of DME product to support billing per MFG; therefore, reimbursement of \$485.00 is recommended.
	E0236	\$494.00	\$00.00	F	DOP		NU Pump for Water Circulating - Requestor submitted prescription, letter of medical necessity, description of DME product to support billing per MFG; therefore, reimbursement of \$494.00 is recommended.
	E1399	\$75.00	\$00.00	F	DOP		Cold Therapy Cooler Wrap - Requestor submitted prescription, letter of medical necessity, description of DME product to support billing per MFG; therefore, reimbursement of \$75.00 is recommended.
	E1399	\$155.00	\$00.00	F	DOP		Water Circulating Pad - Requestor submitted prescription, letter of medical necessity, description of DME product to support billing per MFG; therefore, reimbursement of \$155.00 is recommended.

11-13-02	E1399	\$450.00	\$00.00	F	DOP		Post-Op Fracture Brace Ultrasling - Requestor submitted prescription, letter of medical necessity, description of DME product to support billing per MFG; therefore, reimbursement of \$450.00 is recommended.
12-4-02	E1399	\$85.00	\$00.00	F	DOP		Electrodes - Requestor submitted prescription, letter of medical necessity, description of DME product to support billing per MFG; therefore, reimbursement of \$85.00 is recommended.
12-4-02	E0745	\$375.00	\$00.00	F	DOP		Neuromuscular Stimulator – Requestor submitted prescription, letter of medical necessity, description of DME product to support billing per MFG; therefore, reimbursement of \$375.00 is recommended.
3-4-03	E0745	\$375.00	\$00.00	F	DOP	General Instructions GR III Durable Medical Equipment (VIII)(IX)	Neuromuscular Stimulator – Requestor submitted prescription, letter of medical necessity, description of DME product to support billing per MFG; therefore, reimbursement of \$375.00 is recommended.
12-4-02	64550	\$125.00	\$0.00	F	\$101.00	CPT Code Descriptor	Percutaneous Implant of Bone Stimulator - Requestor did not supported service per MFG; therefore, no reimbursement is recommended.
TOTAL							The requestor is entitled to reimbursement of \$2494.00.

IV. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT codes, E0871, E0236, E1399, E0745, in the amount of **\$ 2494.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$2494.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 13th day of May 2004.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division